



TEXAS DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MANAGEMENT

PARAMEDIC LICENSURE
Initial Application

For TDH Use Only 2A284/160

Receipt # _____

Date _____

Amount _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004) All information given on this application is considered public record, with exception of social security number* and driver's license number.

INITIAL APPLICATION SUBMISSION: Send completed application & fee with documentation (as requested in Section 4) to your local public health region office. If you are required to take the state exam, you are responsible for scheduling your exam seat assignment with the region office. You will not be able to schedule your exam until application processing has been completed. Application processing for exam approval takes approx 2-3 weeks. Check your application status on-line at: http://160.42.108.3/ems_web/blh_html_page1.htm

Contact your region office with questions about application, fees or exam schedules: <http://www.tdh.state.tx.us/hcqs/ems/regions.htm>

TYPE OR PRINT IN BLACK INK. Additional instructions at: <http://www.tdh.state.tx.us/hcqs/ems>

Section 1 - Personnel Data

Print Last Name	First name	Middle name	Social Security # * or EMS ID#	
Mailing address : Street or PO Box		City	State	Zip
()	()			
Home phone	Business phone	County		
()	()			
Date of birth (MM/DD/YY)	Driver's License number (include state)			

*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.

Section 2 - EMS Employer Information

List all licensed EMS firms &/or Registered First Responder Organizations for which you work/volunteer:

Name of firm	Address	City, state, zip	Vol or Paid
_____	_____	_____	_____
_____	_____	_____	_____

Include additional listings on an attachment if necessary. Complete Section 3 -Volunteer Sign-off if applicable.

Section 3 - Volunteer Sign-off - Complete if applicable

This section to be completed by EMS provider or FRO administrator

This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, which is a TDH licensed emergency medical services provider or a TDH registered first responder organization (FRO), and does not receive compensation** for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any other organization in return for compensation**, other than reimbursement as described below.

I have explained to the candidate that if during the certification/licensure period, the candidate begins to receive compensation** for providing emergency medical services, from any organization, the exemption is inapplicable and the candidate shall send to the department an application and a prorated fee.

Signature of provider or FRO administrator

Print signed name

TDH License or Registration #

Provider or FRO Name and City

Provider or FRO phone

**Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.

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Section 4 - Application Status - Check one box. Attach requested information.

- ☐ **Initial Licensure - Attach college transcript or copy of diploma.**
- If you are currently a Texas certified paramedic, you will not take the state written exam to gain initial licensure. You should expect to receive your license approximately 4 weeks from application receipt.
 - If not a current Texas certified paramedic, submit your paramedic course completion certificate. You are required to pass the written exam.
- ☐ **Reciprocity Licensure - Complete Section 5 below.** Attach copy of current out-of-state or National Registry paramedic ID card and college transcript or copy of diploma. You are required to pass the state written exam.
- ☐ **Equivalency Licensure** - Candidates certified or licensed in another healthcare discipline within the USA, submit fee, transcript and documentation of successful curriculum review from a regionally accredited post secondary institution approved by the department.
- List your healthcare discipline, e.g. RN, medical physician, respiratory therapist: _____
- License or certificate number: _____ State of Issuance: _____
- ☐ **Out-of-Country Equivalency** - Out-of-country equivalency candidates who have EMS certification outside the USA. **Complete Section 5 below.** You are responsible for having your curriculum and transcript translated and evaluated (course-by-course) by a foreign credentials evaluation service. Submit fee and copy of evaluation.

Section 5 - Certification History & Education: Reciprocity and Out-of-Country Equivalency candidates only.

List your level of EMS certification, e.g. paramedic, EMT-basic: _____

License or certificate number: _____ Country & State of Issuance: _____

In what country/state did you receive initial training at this level? _____ Date: _____

ANY disciplinary action taken against your certification? ☐ No ☐ Yes Country/State: _____ Date: _____

Have you been denied certification in any country/state? ☐ No ☐ Yes Country/State: _____ Date: _____

Previously received reciprocity in any country/state? ☐ No ☐ Yes Country/State: _____ Date: _____

Section 6 - Fees - Mark the Fee(s) You Are Submitting: Make fee payment payable to : **Texas Department of Health.** Do not send cash. Fees are not refundable. Volunteers are exempt from fees except when applying for reciprocity or magazine.

- | | |
|---|--|
| <input type="checkbox"/> Initial Application Fee - \$100 | <input type="checkbox"/> Equivalency Out-of-Country - \$150 |
| <input type="checkbox"/> Reciprocity Licensure Fee - \$100 | <input type="checkbox"/> <i>Texas EMS Magazine</i> 2 yr subscription for \$20 |
| <input type="checkbox"/> Equivalency within USA - \$100 | <input type="checkbox"/> <i>Texas EMS Magazine</i> 4 yr subscription for \$35 |

Section 7 - Criminal History Information - Everyone complete this section

Failure to report convictions and/or provide accurate information may result in disciplinary action against your Texas EMS personnel certification/licensure. We intend to take disciplinary action when criminal history information is omitted, either willfully or inadvertently. If you are currently under supervision (probation) for a criminal offense for which you believe you have not been convicted, disclose this information below.

Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor? ☐ No ☐ Yes

If yes, complete below.

Provide the following information for **all** felony and/or misdemeanor offenses, excluding minor traffic violations, e.g. speeding, parking (NOTE: DWI/DUI **must** be reported). Include any conviction(s) currently on appeal. For multiple offenses, use additional sheet(s). Attach additional information/documentation, e.g. court judgement(s), condition(s) of probation, if appropriate.

Indicate offense(s) committed & court case/cause number(s): _____

Date(s) of conviction(s): _____ Sentence(s): _____ Fine(s): \$ _____

City, County and State where offense(s) committed: _____

List other names you have used (e.g. alias, married/maiden, etc.) _____

Are you/were you on probation/parole? ☐ No or ☐ Yes Projected discharge date: _____ Discharge date: _____

Has your criminal history previously been evaluated by TDH? ☐ No or ☐ Yes When: _____ **If yes, have you committed any criminal offenses, or has the court taken any actions against you since the evaluation?** ☐ No or ☐ Yes

Section 8 - Signature & Date - Everyone complete this section

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial or revocation of licensure.

Signature of Applicant: _____ Date: _____